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# A P P E N D I X C

## Service Code-dependent Field Values

### Appendix Objectives

In this appendix, we provide you with field values required to create *Treatment* records.

#### A. Service Code-dependent Field Values

## A. Service Code-dependent Field Values

When you create a client treatment record, the value you select in the **Service Code** column determines the values you enter in the **Service Date**, **Clinician Initials**, **Dosage**, **Duration**, and **Confirmatory Report** fields. For more information on creating treatment records, see “Entering Client Treatment Information” on page 68.

Use the following table to help you complete the Treatment Information section of the *Treatment* forms.

Code	Description	Service Date	Clinician Initials	Dosage	Duration	Confirmatory Report
01.0	Screening	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
01.1	Intake	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
02.0	Bio/Psycho/Social Assessment	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
03.0	Level of Care Assessment	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
04.0	Service Planning/Service Planning Review	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
05.0	Case Management	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank

Code	Description	Service Date	Clinician Initials	Dosage	Duration	Confirmatory Report
05.1	Referral Assessment	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
05.2	Linkage Assurance	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
05.3	Collateral Contacts	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
06.0	Episode Closure	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
07.0	Detoxification Services	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
08.0	Individual Counseling - Medical	Required	Leave Blank	Leave Blank	Select Yes	Select No or Leave Blank
08.1	Individual Counseling - Psychiatric	Required	Leave Blank	Leave Blank	Select Yes	Select No or Leave Blank
08.2	Individual Counseling - Alcohol/Drug	Required	Leave Blank	Leave Blank	Select Yes	Select No or Leave Blank
08.3	Individual Counseling - Employment	Required	Leave Blank	Leave Blank	Select Yes	Select No or Leave Blank
08.4	Individual Counseling - Legal	Required	Leave Blank	Leave Blank	Select Yes	Select No or Leave Blank
08.5	Individual Counseling - Family Social	Required	Leave Blank	Leave Blank	Select Yes	Select No or Leave Blank
09.0	Group Counseling - Medical	Required	Leave Blank	Leave Blank	Select Yes	Select No or Leave Blank
09.1	Group Counseling - Psychiatric	Required	Leave Blank	Leave Blank	Select Yes	Select No or Leave Blank
09.2	Group Counseling - Alcohol/Drug	Required	Leave Blank	Leave Blank	Select Yes	Select No or Leave Blank
09.3	Group Counseling - Employment	Required	Leave Blank	Leave Blank	Select Yes	Select No or Leave Blank
09.4	Group Counseling - Legal	Required	Leave Blank	Leave Blank	Select Yes	Select No or Leave Blank
09.5	Group Counseling - Family Social	Required	Leave Blank	Leave Blank	Select Yes	Select No or Leave Blank
10.0	Family Counseling	Required	Leave Blank	Leave Blank	Select Yes	Select No or Leave Blank

Code	Description	Service Date	Clinician Initials	Dosage	Duration	Confirmatory Report
11.0	Education/Training - Medical	Required	Leave Blank	Leave Blank	Select Yes	Select No or Leave Blank
11.1	Education/Training - Psychiatric	Required	Leave Blank	Leave Blank	Select Yes	Select No or Leave Blank
11.2	Education/Training - Alcohol/Drug	Required	Leave Blank	Leave Blank	Select Yes	Select No or Leave Blank
11.3	Education/Training - Employment	Required	Leave Blank	Leave Blank	Select Yes	Select No or Leave Blank
11.4	Education/Training - Legal	Required	Leave Blank	Leave Blank	Select Yes	Select No or Leave Blank
11.5	Education/Training - Family Social	Required	Leave Blank	Leave Blank	Select Yes	Select No or Leave Blank
12.0	Laboratory - AOD Urine Screen	Required	Select Yes	Leave Blank	Leave Blank	Select Yes
12.1	Laboratory - TB Test	Required	Select Yes	Leave Blank	Leave Blank	Select Yes
12.2	Laboratory - HIV Test	Required	Select Yes	Leave Blank	Leave Blank	Select Yes
12.3	Laboratory - Pregnancy Test	Required	Select Yes	Leave Blank	Leave Blank	Select Yes
12.4	Laboratory - AOD Blood Test	Required	Select Yes	Leave Blank	Leave Blank	Select Yes
12.5	Laboratory - AOD Breathalyzer Test	Required	Select Yes	Leave Blank	Leave Blank	Select Yes
12.6	Laboratory - Hepatitis C Test	Required	Select Yes	Leave Blank	Leave Blank	Select Yes
13.0	Medical Services - General Medical	Required	Leave Blank	Leave Blank	Leave Blank	Select Yes
13.1	Medical Services - Dental	Required	Leave Blank	Leave Blank	Leave Blank	Select Yes
13.2	Medical Services-MD Consult (Pregnancy)	Required	Leave Blank	Leave Blank	Leave Blank	Select Yes
13.3	Medical Services-Alternative Med. Services	Required	Leave Blank	Leave Blank	Leave Blank	Select Yes
14.0	Pharmoco-Therapy - Methadone Dosage	Required	Leave Blank	Select Yes	Leave Blank	Select No or Leave Blank

Code	Description	Service Date	Clinician Initials	Dosage	Duration	Confirmatory Report
14.1	Pharmoco-Therapy - LAAM Dosage	Required	Leave Blank	Select Yes	Leave Blank	Select No or Leave Blank
14.2	Pharmoco-Therapy - Naltrexone	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
14.3	Pharmoco-Therapy - Antibuse	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
14.4	Pharmoco-Therapy - Psychiatric	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
15.0	Psychiatric/Psychological - Evaluation	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
16.0	Vocational/Educational-Employ Services	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
16.1	Vocational/Educational-Rehab Services	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
16.2	Vocational/Educational-GED Training/Test	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
17.0	Support & Other Services-AOD Free Social Rec	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
17.1	Support & Other Services - Legal Services	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
17.2	Support & Other Services-Resident Housing	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
17.3	Support & Other Srvces-Shelter/ Support House	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
17.4	Support & Other Service-Transportation	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
17.5	Support & Other Services - Child Care	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
17.6	Support & Other Services-Child Dev Services	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
17.7	Support & Other Services-Aftercare Services	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
17.8	Support & Other Service-Non-Res. Meals	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank
17.9	Support & Other Services-Neighborhood Recov[ery]	Required	Leave Blank	Leave Blank	Leave Blank	Select No or Leave Blank

